

SERIAL NO. 930472

FILING DATE

APPLICANT(S)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	2		1		1	
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
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15	1		1		1	
16	1		1		1	
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TOTAL IND.			1		1	
TOTAL DEP.			16		24	
TOTAL CLAIMS			17		25	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						